According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collect this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						
	(7 U.S.C. 2143). Failure to re	ions can result in an order to cease		Report Control 0-DOA-AN	Fiscal Year 2014	
	ATES DEPARTMENT D PLANT HEALTH IN		1. REGISTRATION NUMBER 41-R-0015			
			 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 			
ANNUAL RE	PORT OF RES		MEDTRONIC PHYSIOLOGICAL RESEARCH LABORATORIES			
	(TYPE OR PRIN	11520 YEL	11520 YELLOW PINE STREET NW			
			MINNEAPOLIS, MN 55448			
3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets, if necessary.)						
FACILITY LOCATIONS (Sites)						
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)						
A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon experiments, research, su conducted involving acco distress to the animals ar appropriate anesthetic, ar tranquilizing drugs would affected the procedures, interpretation of the teach experiments, surgery, or 1 of the procedures produc these animals and the re- were not used must be all	urgery, or tests were mpanying pain or id for which the use of nalgesic, or have adversely results, or ing, research, tests. (An explanation ing pain or distress on asons such drugs	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	14	0	55	0		55
5. Cats	0	0	0	0		0
6. Guinea Pigs	0	0	0	0		0
7. Hamsters	0	0	0	0		0
8. Rabbits	1	0	44	0		44
9. Non-human Primates	0	0	0	0		0
10. Sheep	7	0	78	0		78
11. Pigs	16	0	318	0		318
12. Other Farm Animals	0	0	4	0		4
13. Other Animals						
ASSURANCE STATEMENTS	S					·

1.) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2.) Each principal investigator has considered alternatives to painful procedures.

3.) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

> DATE SIGNED 05-NOV-2014